
CLEARVIEW - FDD 199 HOME ROAD 53039 Phone: (920) 386-3400 Ownershi p: JUNEAU County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: **FDDs** Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): 79 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/01): 79 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 71 Average Daily Census: 69

County: Dodge

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	8. 5
Supp. Home Care-Personal Care	No					1 - 4 Years	19. 7
Supp. Home Care-Household Services		Developmental Disabilities	100. 0	Under 65	77. 5	More Than 4 Years	71. 8
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	16. 9		
Respite Care	Yes	Mental Illness (Other)	0. 0	75 - 84	4. 2		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	1.4	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	0.0	Full-Time Equivalen	t
Congregate Meals	Yes	Cancer	0. 0	ĺ	[Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	0. 0	İ	100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	22. 5		
Transportati on	No	Cerebrovascul ar	0.0	`		RNs	1. 4
Referral Service	No	Di abetes	0.0	Sex	% j	LPNs	8. 3
Other Services	No	Respi ratory	0.0		·	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	50. 7	Aides, & Orderlies	53. 9
Mentally Ill	No			Femal e	49. 3		
Provi de Day Programming for			100. 0	İ	j		
Developmentally Disabled	Yes			İ	100.0		

Method of Reimbursement

		Medicare Title 18			ledicaid itle 19			0ther			Pri vate Pay			amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	0	0. 0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				70	100.0	149	0	0.0	0	1	100.0	190	0	0.0	0	0	0.0	0	71	100. 0
Traumatic Brain In	ıj O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		70	100.0		0	0.0		1	100.0		0	0.0		0	0.0		71	100. 0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti	ons, Services, a	nd Activities as of 1	2/31/01
beachs builing kepoleting leftou				9	Needi ng		Total
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	8. 3	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 0		69. 0	31. 0	71
Other Nursing Homes	8. 3	Dressi ng	26. 8		40. 8	32. 4	71
Acute Care Hospitals	25. 0	Transferring	53. 5		29. 6	16. 9	71
Psych. HospMR/DD Facilities	8. 3	Toilet Use	42. 3		38. 0	19. 7	71
Rehabilitation Hospitals	8.3	Eating	50. 7		31. 0	18. 3	71
Other Locations	41. 7	****************	******	******	******	*******	******
Total Number of Admissions	12	Continence		%	Special Treatmer		%
Percent Discharges To:		Indwelling Or Externa		2.8	Receiving Resp		7. 0
Private Home/No Home Health	0.0	0cc/Freq. Incontinent		52 . 1		cheostomy Care	0. 0
Private Home/With Home Health	0.0	0cc/Freq. Incontinent	of Bowel	43. 7	Recei vi ng Suct		0. 0
Other Nursing Homes	0. 0				Receiving Osto		0. 0
Acute Care Hospitals	18. 2	Mobility			Recei vi ng Tube		4. 2
Psych. HospMR/DD Facilities	18. 2	Physically Restrained		22. 5	Receiving Mech	hanically Altered Die	ts 57.7
Rehabilitation Hospitals	0. 0]					
Other Locations	45. 5	Skin Care			Other Resident (
Deaths	18. 2	With Pressure Sores		0. 0	Have Advance I	Di recti ves	94. 4
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	11				Receiving Psyc	choactive Drugs	38. 0

	This Facility		DD ilities	Faci		
	Facility %	гас %	Ratio	%	lties Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	87. 3	84. 6	1. 03	84. 6	1. 03	
Current Residents from In-County	54. 9	41. 3	1. 33	77. 0	0. 71	
Admissions from In-County, Still Residing	8. 3	17. 0	0. 49	20. 8	0. 40	
Admi ssi ons/Average Daily Census	17. 4	18. 6	0. 93	128. 9	0. 13	
Di scharges/Average Daily Census	15. 9	22. 2	0. 72	130. 0	0. 12	
Discharges To Private Residence/Average Daily Census	0.0	9. 4	0.00	52. 8	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	85. 3	0.00	
Residents Aged 65 and Older	22. 5	15. 8	1. 42	87. 5	0. 26	
Title 19 (Medicaid) Funded Residents	98. 6	99. 3	0. 99	68. 7	1. 44	
Private Pay Funded Residents	1. 4	0. 5	2. 90	22. 0	0.06	
Developmentally Disabled Residents	100. 0	99. 7	1. 00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	45. 1	50. 6	0.89	49. 3	0. 91	
Psychological Problems	38. 0	46. 6	0. 82	51. 9	0. 73	
Nursing Care Required (Mean)*	8. 6	11. 0	0. 79	7. 3	1. 18	